

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/527506

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
	1						51						
2							52						
3							53						
4							54						
5							55						
6							56						
7							57						
8							58						
9							59						
10							60						
11							61						
12							62						
13	1						63						
14		1					64						
15			1				65						
16			1				66						
17			1				67						
18			1				68						
19			1				69						
20			1				70						
21			1				71						
22		1					72						
23			1				73						
24				1			74						
25				1			75						
26				1			76						
27					1		77						
28					1		78						
29					1		79						
30						1	80						
31							81						
32							82						
33							83						
34							84						
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36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	2	5	1	5			TOTAL IND.						
TOTAL DEP.	9	5	3	5			TOTAL DEP.						
TOTAL CLAIMS	11	6	6	6			TOTAL CLAIMS						

BEST AVAILABLE COPY